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Form PTO-436A (Rev. 6/99)

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | 15 | 66621 | 9/21 |
| O.I.P.E. CLASSIFIER | | 15 | 7210 |
| FORMALITY REVIEW | | 7/435 | 1/30/W |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| , | Rejected | | Non-elected |
|---|----------------------------|---|--------------|
| | Allowed | | Interference |
| | (Through numeral) Canceled | | Appeal |
| | Restricted | 0 | Objected |
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| Claim Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions staple additional sheet here

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